

connections

Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research, and Training

What Social Network Analysis (SNA) taught us about MassCONNECT

Social Network Analysis (SNA) is a way to measure and assess connections between individuals and groups.

MassCONNECT PARTNERS

COMMUNITIES

Boston
Worcester
Lawrence

PARTNERS

Harvard School of Public Health (HSPH)
Dana-Farber/Harvard Cancer Center (DF/HCC)
Dana-Farber Cancer Institute (DFCI)
Boston Alliance for Community Health
Boston REACH Coalition
Common Pathways (Worcester)
Mayor's Health Task Force (Lawrence)

Seven diverse MassCONNECT partners (see *sidebar*) have been working together over the past four years to eliminate cancer disparities in their communities. Members of the network wanted to learn more about how their different groups were interacting and be able to describe the relationships that developed. A working group explored different methods of evaluating the relationships among network members and selected Social Network Analysis (SNA) to gather information.

An SNA Working Group that included members from HSPH, DF/HCC, DFCI, and the four community coalitions was created to carry out the SNA study. They identified a total of 55 MassCONNECT members (a member was defined as a person, group,

or institution that received project funding or was involved in MassCONNECT events, meetings, or projects). The Working Group developed an SNA survey and invited all 55 MassCONNECT members to participate. Of these, 38 said they would like to be involved—a 69% overall response rate. Research staff from HSPH, DF/HCC, and DFCI interviewed the 38 study participants between December 2008 and February 2009.

Participants were asked to identify members with whom they were initially connected in 2005 and then in 2009. The researchers also asked questions about important possible outcomes of the MassCONNECT project, such as community activities, partnerships, grants and publications, and policy.

What we learned

Over the course of four years, connections between members have increased and improved in quality. We found, for example, that:

- More members are involved in MassCONNECT at Year 4 than at the start of the project.
- The number of connections per member has increased.
- Member connections are more likely to be reciprocal (rather than one-way).
- Members' direct contact with one another increased.

A greater number of connections has led to more outcomes in many key areas, including:

- Community activities
- New and sustainable partnerships
- Resource exchange
- Grants and publications
- Public policy activities

The study demonstrated that it is worth investing time and money in building relationships among this diverse set of partners.

How SNA can help your work

Social network analysis can help community-based organizations meet their goals in many ways, including:

- Scientifically measure and describe relationships—their quantity, productivity, and outcomes—for funders and themselves.
- Demonstrate the quality and productivity of relationships by describing their strength and exchange of resources.
- Help justify the resources, such as time or money, that help build connections.
- Share knowledge and experience.
- Identify potential opportunities.

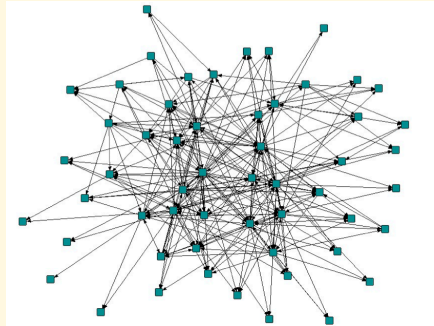
"SNA allows and promotes partners' reflection about the role of each member long after the MassCONNECT grant is concluded. We learned how the principle of 'reciprocity' is fundamental to the sustainability of the relationship."

— Clara Savage, Common Pathways

SNA snapshot

These graphs represent the MassCONNECT network when it began and after four years. Each small square represents a member of the network, and the lines represent connections between them.

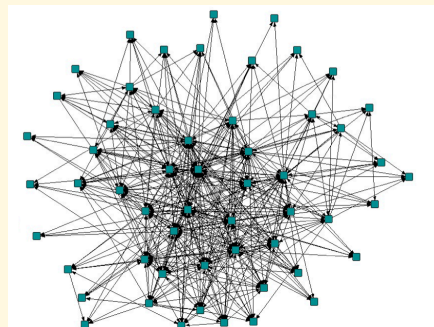
May 2005



Average of 9 connections per member
13.8% reciprocal connections

Network density (the proportion of all possible ties present) of 10.3%

February 2009



Average of 15 connections per member
39.9% reciprocal connections

Network density (the proportion of all possible ties present) of 20.1%

Analysis

- Increase in active members from 23 to 55
- Average number of connections per member increased 62%
- Percentage of reciprocal connections for each member almost tripled
- Network density (the proportion of connections among members) almost doubled

"Our participation led to relationships and projects such as the Lawrence Mammography Van Pilot Project. Through this research project, we hope to learn about the successes and benefits of grassroots breast cancer screening efforts through the input of former mammography van participants."

—Vilma Lora,
MHTF Lawrence

"Participating in MassCONNECT's social network analysis offered us a sound tool for measuring the power of collaboration. It visually captured what we feel about our partnership."

—Nashira Baril,
Boston REACH Coalition

"The youth [in the Boston Alliance for Community Health's Youth Tobacco Disparities project] learned how to gather and use important health information to bring about policy changes that never would have happened without the resources and support of our MassCONNECT partners."

—Ediss Gandelman,
Boston Alliance for
Community Health

COMMUNITY VOICES

About MassCONNECT

MassCONNECT (Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research, and Training) is a program that connects the Harvard School of Public Health, the Dana-Farber/Harvard Cancer Center, and multiple community partners in three Massachusetts cities. MassCONNECT aims to lower cancer disparities through cancer education, community-based participatory research, training, and cancer control services.

One of the most important aspects of MassCONNECT is the leadership of four key partnering community-based coalitions. They are:

- Boston Alliance for Community Health
- Boston REACH Coalition
- Common Pathways (Worcester)
- Mayor's Health Task Force (Lawrence)

MassCONNECT's goals are to:

1. improve data on community-level cancer disparities,
2. provide leadership, education, and training through coalitions with respected community groups,
3. educate local media to provide more coverage of cancer disparities,
4. promote access to cancer control and treatment services,
5. provide needs assessments that will lead to a community-specific plan to address gaps,
6. evaluate outcomes related to cancer disparities in the target communities, and
7. establish and expand relationships with National Cancer Institute (NCI) Divisions and NCI-supported initiatives.